

INFORMATIONAL LETTER NO. 75

MARCH 1991

TO: ALL INSURANCE COMPANIES LICENSED IN WEST VIRGINIA AND
OTHER INTERESTED PARTIES

RE: AGENT LICENSING FORMS AND PROCEDURES CHANGES

Procedures and forms used for licensing resident and non-resident agents will undergo several changes effective April 1, 1991. Enclosed are samples of the forms and revised licensing instructions.

Resident Agent Application (LA-3) and Non-Resident Agent Application (LA-5) have been revised and the new versions of these forms will be required to be submitted to this office for processing beginning April 1, 1991. After that date, old versions of the forms will be returned to the insurance company for resubmission on the new form.

Also, effective April 1, this office will no longer accept form AL-1 to amend (add an additional power) an agents license. The LA-3 and LA-5 forms will be required for first-time licensing and amendments to existing licenses.

We encourage you to photocopy supplies of these new forms so long as the proper color paper (LA-3 -- WHITE; LA-5 -- BLUE) is used and the copies are legible.

PLEASE NOTE -- Form RAF will continue to be used to add company appointments to existing Resident Agents records. Form ATF continues to be used to terminate Resident and Non-Resident Agents appointments. (RAF and ATF cannot be photocopied).

If supplies of any form are needed, a written request with a self-addressed return envelope is required.

We would remind all insurance companies of the following:

1. Pursuant to Chapter 33, Article 12, Sections 2 and 19 of the West Virginia Code, insurers are prohibited from accepting any business from any agent who has not been appointed through this office PRIOR to accepting any risk, placing any insurance, or issuing any policy for such insurer.

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2. Pursuant to West Virginia Administrative Regulations, Series 2, effective 1966, companies are required to make an investigation as to the suitability of every appointee prior to submitting licensing/appointing forms to this office. The Insurance Commissioner may request proof of such investigation to determine that the investigation was made prior to requesting the license/appointment.
3. Informational Letter No. 18, issued in 1983, advised insurance companies to notify agents, in writing, when an appointment has been submitted to and approved by this office. This notice is to be made to the agent within fifteen (15) days after the company has received approval from this office.

Failure to comply with these and all other West Virginia Insurance Laws could result in disciplinary action being taken against the insurer and/or the agent.

The information contained in this notice should be made available to all offices and personnel responsible for submitting licensing forms to this office.

Contact Agents Licensing & Education at (304) 348-0610 for assistance.

HANLEY C. CLARK
INSURANCE COMMISSIONER

AGENTS LICENSING INSTRUCTIONS

MARCH 1991

APPOINTING OFFICIAL AUTHORIZATION:

All forms submitted for licensing, appointing and terminating agents must be personally signed (no facsimile signature allowed) by an authorized Appointing Official of the requesting insurance company.

Form AO-1 -- completed for each individual in an insurance company requiring appointing and terminating authority. The authorization must be completed by an officer of the company.

Form AO-2 -- completed to cancel the appointing and terminating authority of any individual.

CREDIT & CHARACTER INVESTIGATION:

Pursuant to West Virginia Administrative Regulations, Series 2, effective 1966, insurance companies are required to make an investigation as to the suitability of every appointee prior to submitting licensing/appointing forms to this office. The Insurance Commissioner may request proof of such investigation to determine that the investigation was made prior to requesting the license/appointment.

NOTIFICATION OF CHANGE OF ADDRESS OR NAME:

Pursuant to West Virginia Code (33-12-29) licensees must notify the Insurance Commissioners Office, in writing, of any name or address change within 30 days of such change.

Name change notification must be accompanied by proper documentation (i.e. copy of Marriage Certificate, court order, etc.)

FORMS REQUESTS:

All forms, except RAF and ATF, may be photocopied as long as the same color paper is used and the copies are legible.

A supply of any form will be mailed, at no charge, upon written request. A self-addressed envelope must accompany all requests.

Copies of licensing instructions should be supplied to all individuals and offices within your organization who submit licensing forms to this office.

WEST VIRGINIA AGENT LICENSING INSTRUCTIONS

RESIDENT LICENSING

RESIDENT AGENT (New agent or currently licensed agent adding new powers)

Pre-Licensing Requirements --

Applicants must complete a pre-licensing course approved by the Board of Insurance Agent Education for the insurance license desired. CLU and CPCU designees are exempt from this requirement.

Life Only	30 Hours	Life and A&S	40 Hours
Accident & Sickness (A&S) Only	30 Hours	Property-Casualty	40 Hours

Students will receive Certificate of Course Completion (Form PL789E) from the pre-licensing school and must appear for the state licensing exam within 90 days.

Examination -- Applicant must pass state licensing examination prior to applying for an agents license.

CLU & CPCU designees are exempt from exam requirement.

Examinations are administered by an independent testing service contracted by this office. Registration and examination information can be found in the applicant bulletin published by the testing service and available from the insurance department.

Examinees must show ORIGINAL pre-licensing Certificate of Course Completion and 2 forms of positive I.D. (one containing a photo) for admittance to the test center.

Applicants have one (1) year from the time they pass the state licensing exam to apply for an agent's license. After one (1) year pre-licensing and the state exam must be repeated.

Application --

Form LA-3

1. Part I -- Completed by applicant; must be signed & notarized.
2. Part II -- Completed and signed by Appointing Official for the insurance company.

License Fee --

\$25.00 per agent per insurance company. Checks made payable to WEST VIRGINIA INSURANCE COMMISSIONER.

Fee must be paid by the sponsoring insurance company.

Checks will be accepted from Appointing Official's who are authorized by their respective companies to use a special company account for this purpose and have a letter on file in this office stating same.

Acknowledgment

Acknowledgment of issuance of license will be mailed to the insurance company.

Self-addressed envelope must be submitted with every application.

License card will be mailed directly to the Agents residence address.

Summary

Submit to Agent Licensing:

1. Form LA-3.
2. ORIGINAL pre-licensing Course Completion Certificate (Form PL789E).
3. ORIGINAL testing service score report.
4. Clearance letter(s) from any other state(s) applicant held resident license.
5. License fee -- \$25.00 Checks made payable to WEST VIRGINIA INSURANCE COMMISSIONER.

APPOINTMENTS

To appoint a currently licensed resident agent to represent additional insurance companies, submit:

1. Form RAF -- Completed and signed by an authorized Appointing Official.
2. License Fee -- \$25.00 per agent. One check for the total amount per form is required.
3. Make check payable to WEST VIRGINIA INSURANCE COMMISSIONER.
4. Self-addressed envelope -- Yellow copy of RAF will be acknowledged and returned to the company in this envelope.

WEST VIRGINIA -- RESIDENT LICENSING INSTRUCTIONS (Cont'd.)

TERMINATIONS

To terminate a resident agent's appointment, submit:

1. Form ATF -- Completed and signed by an authorized Appointing Official.
2. Self-addressed envelope -- Pink copy of ATF will be acknowledged and returned to the company in this envelope.

VARIABLE ANNUITY LICENSING

Applicant must hold a Life license or be applying for a Life license.

1. Form LA-3 -- Part I completed and signed by Agent.
Part II completed and signed by Appointing Official.
2. Copy of NASD registration (Series 6 or Series 7) or SEC registration.
3. License fee -- \$25.00 if applying for a Life license.
No fee if adding Variable Annuity to an existing Life appointment.
4. No insurance department exam required.
5. Self-addressed envelope -- Acknowledgment will be mailed to requesting insurance company.

TITLE AND TICKET BAGGAGE LICENSING

License issued only to West Virginia residents.

Submit:

1. Form LA-3 -- Part I completed and signed by Agent.
Part II completed and signed by Appointing Official.
2. License Fee -- \$25.00 per company. Make check payable to WEST VIRGINIA INSURANCE COMMISSIONER.
3. Self-addressed envelope -- Acknowledgment will be mailed to requesting insurance company.

VENDING MACHINE

Applicant must be a licensed resident agent with Accident & Sickness powers.

Submit:

1. Form LVM-75 -- Completed and signed by Agent.
 2. License Fee -- \$5.00 per machine. Make check payable to WEST VIRGINIA INSURANCE COMMISSIONER.
- License certificates will be mailed to the agent to be applied to each machine in a conspicuous area.

CREDIT LIFE AND CREDIT ACCIDENT & SICKNESS

Issued to individuals selling credit life/credit accident & sickness coverage through auto dealerships, financial institutions or any other business where credit life/credit accident & sickness is offered in connection with products offered by these facilities. No pre-licensing education or exam is required.

Submit:

1. Form CLA-1 -- Completed and signed by Agent and Company.
2. License fee -- \$25.00 per company. Make check payable to WEST VIRGINIA INSURANCE COMMISSIONER.
3. Self-addressed envelope -- Acknowledgment will be mailed to requesting insurance company.

RENEWALS

All licenses expire annually -- May 31st.

Renewal instructions are mailed to the insurance companies in March with deadline for return by May 1st.

The individual agents are not responsible, other than notifying this office of a change of residence address, for renewing their licenses.

LETTERS OF CERTIFICATION; LETTERS OF CLEARANCE; DUPLICATE LICENSE

Submit:

1. Completed AGENT REQUEST FORM.
2. Appropriate Fee:
Certification -- \$5.00 per letter clearance -- \$10.00 per letter Duplicate License -- \$5.00

WEST VIRGINIA NON-RESIDENT LICENSING

NON-RESIDENT AGENT (LIFE, ACCIDENT & SICKNESS, VARIABLE ANNUITY, PROPERTY-CASUALTY)

Legal resident of a state OTHER than West Virginia MUST apply as a
Non-Resident Agent.

Application --

New Agent or Currently Licensed Agent Adding Companies.

Form LA-5 (Revised 7/90) -- Part I completed & signed by applicant & notarized.

Part II completed & signed by Appointing Official.

Letter of Certification --

Attach letter of certification from applicant's home state insurance department.

Letter of certification must have been issued within 90 days of making application.

License Fee --

\$25.00 per agent per insurance company. Checks made payable to WEST VIRGINIA INSURANCE COMMISSIONER. Effective 7-1-90, West Virginia eliminated the retaliatory fee requirement.

Acknowledgment --

Acknowledgment of issuance of license will be mailed to the insurance company.

Self-Addressed envelope must be submitted with every application.

License card will be mailed directly to the Agent's residence address.

CREDIT LIFE AND CREDIT ACCIDENT & SICKNESS

Issued to individuals selling credit life/credit accident & sickness coverage through auto dealerships, financial institutions or any other business where credit life/credit accident & sickness is offered in connection with products offered by these facilities.

Submit:

1. Form CLA-1 -- Part I completed & signed by applicant and notarized.
Part II completed & signed by Appointing Official.
2. Letter of Certification from home state insurance department.
3. Letter of Certification must have been issued within 90 days of making application.
4. License fee -- \$25.00 per company. Make check payable to WEST VIRGINIA INSURANCE COMMISSIONER.
5. Self-addressed envelope -- Acknowledgment will be mailed to requesting insurance company.

SERVICE REPRESENTATIVE PERMIT

Issued to non-resident salaried employees of insurance company who enter the state to assist and advise resident agents.

Submit:

1. Form NSR-1 -- Completed & signed by applicant and notarized.
2. \$25.00 license fee. Check made payable to WEST VIRGINIA INSURANCE COMMISSIONER.
3. Self-addressed envelope for return of acknowledgment to the company.

License card will be mailed directly to the applicants residence address.

RENEWALS

Non-Resident Agent licenses expire annually -- May 31st.

Service Representative Permits expire annually -- March 31st.

Renewal instructions are mailed to the insurance companies in January (for Service Representatives) and March (for Agents) with deadline for return by March 1st and May 1st, respectively.

The individual agents are not responsible for renewing their licenses.

LA-3 (Rev 1991)
STATE OF WEST VIRGINIA – INSURANCE COMMISSIONER
APPLICATION FOR RESIDENT AGENTS LICENSE

For Dept. Use Only	
License #	_____
Eff. Date	_____
Powers	_____

CAREFULLY READ REVERSE SIDE BEFORE COMPLETING FORM.

PART I – TO BE COMPLETED BY THE APPLICANT

PRINT IN INK OR TYPE

1. FULL LEGAL NAME: _____
FIRST MIDDLE LAST
2. SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
4. RESIDENCE ADDRESS: _____ Telephone #: _____
P.O. Box & Street, City, State, Zip
5. BUSINESS ADDRESS: _____ Telephone #: _____
P.O. Box & Street, City, State, Zip
6. Are you currently licensed in West Virginia _____ or any other State? _____ YES _____ NO
If YES: License # _____ Date Issued _____
7. Have you ever been previously licensed as a resident agent in West Virginia or any other State? _____ YES _____ NO
If YES: License # _____ Date Issued _____
8. Does applicant understand that it is illegal to pay any person any part of the premium or share commis-
sions with a policyholder or other person who is not a licensed individual? _____ YES _____ NO
9. Do you understand that residence address changes MUST be reported to this office within thirty (30) days? _____ YES _____ NO
10. Have you ever been penalized or fined, had a license denied, refused, suspended or revoked by this
Department or the Insurance Department of any other State? _____ YES _____ NO
11. Have you ever been charged by an insurance agency or company with financial irregularities, or are you
indebted to any insurance company for any overdue or unpaid money? _____ YES _____ NO
12. Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations) _____ YES _____ NO

NOTE:

Any "YES" responses to Questions 10, 11, and 12 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

13. APPLICANTS SIGNATURE: _____ DATE: _____

14. State _____ . County of _____

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this _____ day of _____, 19 _____ SEAL

Notary Public Signature: _____ My Commission Expires _____
* * * * *

PART II (TO BE COMPLETED BY THE INSURANCE COMPANY)

COMPANY WV I.D. # (10 digits)

15. COMPANY NAME: _____ hereby appoints
16. AGENTS NAME: _____ as a Resident Agent for:
17. _____ LIFE (includes Credit Life) _____ VARIABLE ANNUITY _____ TITLE
_____ ACCIDENT & SICKNESS (includes Credit A&S) _____ PROPERTY-CASUALTY _____ TICKET BAGGAGE

Pursuant to WV Admin. Regulations -- Series 2, the company has made an investigation as to the suitability of the appointee.
Attached is \$25.00 License Fee -- Check # _____ Dated _____

18. _____ (_____) _____
Appointing Official Signature Date Phone Number

WEST VIRGINIA INSURANCE COMMISSIONER
APPLICATION FOR RESIDENT AGENTS LICENSE
INSTRUCTIONS

A. RESIDENT APPLICANTS INSTRUCTIONS

1. Only legal residents of West Virginia may apply for a Resident Agents license.
2. To be used by Residents applying for a first-time license or amendment to an existing license.
3. Complete and sign Part I of the application before a Notary who must notarize your signature.
4. Attach documentation, as required, if response is "YES" to Questions 10, 11, and/or 12.
5. Address changes must be reported to Agents Licensing & Education with thirty (30) days.

B. INSURANCE COMPANY INSTRUCTIONS

1. Complete Part II and sign by Appointing Official.
2. Incomplete and/or incorrect applications will be returned to the company for completion/correction.
3. The completed application must be accompanied by:
 - a. ORIGINAL testing service score report.
 - b. ORIGINAL Pre-Licensing Course Completion Certificate (Form PL789E).
 - c. Clearance Letters, if applicant was licensed as a resident agent in any other state(s).
 - d. Copy of NASD (Series 6 or Series 7) or SEC registration if applying for Variable Annuity.
 - e. Documentation of responses to Questions 10, 11, and/or 12.
 - f. License Fee: \$25.00 Company check made payable to WEST VIRGINIA INSURANCE COMMISSIONER.
 - g. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Note: Item B-3c -- Clearance letter(s) are not needed if applying to AMEND an existing agents license.

Items B-3a, 3b, & 3d -- Do not apply to Title or Ticket Baggage applicants.

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agents Licensing & Education
2019 Washington Street, East
Charleston, WV 25305
Telephone (304) 348-0610

FORM MAY BE PHOTOCOPIED USING WHITE PAPER
COPY MUST BE LEGIBLE

CAREFULLY READ REVERSE SIDE BEFORE COMPLETING FORM

PART I – TO BE COMPLETED BY THE APPLICANT

PRINT IN INK OR TYPE

1. FULL LEGAL NAME: _____
FIRST MIDDLE LAST
2. SOCIAL SECURITY #: _____ 3. DATE OF BIRTH: _____
4. RESIDENCE ADDRESS: _____ Telephone #: _____
P.O. Box & Street, City, State, Zip
5. BUSINESS ADDRESS: _____ Telephone #: _____
P.O. Box & Street, City, State, Zip
6. Are you currently licensed in West Virginia _____; if YES: License # _____
7. Are you familiar with the West Virginia Insurance Laws and Administrative Regulations and intend to abide by the requirements and restrictions therein? _____ YES ___ NO
8. Does applicant understand that it is illegal to pay any person any part of the premium or share commissions with a policyholder or other person who is not a licensed individual? _____ YES ___ NO
9. Do you understand that all policies on West Virginia risks, issued as a result of your solicitation, must be placed, countersigned and consummated through a resident West Virginia agent of the issuing company? _____ YES ___ NO
10. Do you understand that any & all address changes MUST be reported to this office within thirty (30) days? _____ YES ___ NO
11. Have you ever been penalized or fined, had a license denied, refused, suspended, or revoked by this Insurance Department or any other State? _____ YES ___ NO
12. Have you ever been charged by an insurance agency or company with financial irregularities, or are you indebted to any insurance company for any overdue and unpaid money? _____ YES ___ NO
13. Have you ever been indicted for, or convicted of, a felony or misdemeanor (exclude traffic violations) _____ YES ___ NO

NOTE: Any "YES" responses to Questions 11, 12, and 13 must be explained by furnishing, IN WRITING, a signed, notarized statement, outlining IN DETAIL the complete facts of the matter. The statement must include ALL incidents and the dates, names, and nature of each offense; the name and locality of the court(s), if any, involved; the disposition of each matter; and, a CERTIFIED COPY of any legal record concerning each offense.

APPLICANT'S SIGNATURE: _____ DATE: _____

State _____ . County of _____

The applicant, whose name appears signed to the writing above, after first being duly sworn by me, says that the above statements are true to the best of his/her knowledge and belief.

Taken, sworn to and subscribed before me this _____ day of _____, 19 _____ SEAL

Notary Public Signature: _____ My Commission Expires _____

* * * * *

PART II -- TO BE COMPLETED BY THE INSURANCE COMPANY

COMPANY WV I.D. # (10 digits)

COMPANY NAME: _____ hereby appoints

AGENT'S NAME: _____ as a Non-Resident Agent for:

_____ LIFE (includes Credit Life)

_____ ACCIDENT & SICKNESS (includes Credit A&S)

_____ VARIABLE ANNUITY

_____ PROPERTY-CASUALTY (includes Fire, Marine, Casualty, Fidelity & Surety)

Pursuant to WV Admin. Regulations -- Series 2, the company has made an investigation as to the suitability of the appointee. Attached is \$25.00 License Fee -- Check # _____ Dated _____

Appointing Official Signature

Date

(_____) _____
Phone Number

WEST VIRGINIA INSURANCE COMMISSIONER
APPLICATION FOR NON-RESIDENT AGENTS LICENSE
INSTRUCTIONS

A. NON-RESIDENT APPLICANTS INSTRUCTIONS:

1. Legal resident of a state OTHER than West Virginia MUST apply as a Non-Resident Agent.
2. To be used by Non-Residents applying for a first-time license or amendment to an existing license.
3. Complete and sign Part I of the application before a Notary who must notarize your signature.
4. Attach documentation, as required, if response is "YES" to Questions 11, 12, and/or 13.
5. Address changes must be reported to Agent Licensing within thirty (30) days.

B. INSURANCE COMPANY INSTRUCTIONS:

1. Complete Part II and sign by Appointing Official.
2. Incomplete and/or incorrect applications will be returned to the company for completion/correction.
3. The completed application must be accompanied by:
 - a. License Fee: \$25.00 Company check made payable to WEST VIRGINIA INSURANCE COMMISSIONER.
 - b. Letter of Certification from applicants home state insurance department.
 - c. Documentation of responses to Questions 11, 12 and/or 13, if applicable.
 - d. Self-addressed return envelope (Acknowledgment will not be mailed unless envelope is provided).

Send the completed application, license fee, and all required attachments to:

WEST VIRGINIA INSURANCE COMMISSIONER
Agent Licensing
2019 Washington Street, East
Charleston, WV 25305
Telephone (304) 348-0610

FORM MAYBE PHOTOCOPIED USING BLUE PAPER
COPY MUST BE LEGIBLE